

## ISSUE SLIP STAPLE AREA (for additional cross references)

100-200-00  
09/759604

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION        |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | AK       | 931    | 02/13/01 |
| RESPONSE FORMALITY REVIEW | SLC      | 829    | 02/13/01 |
|                           | CH       | 825    | 02/13/01 |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final | Original | Date   |
|-------|-------|----------|--------|
| 1     | 1     | 1        | 6/3/00 |
| 2     | 2     | 2        | 6/3/00 |
| 3     | 3     | 3        | 6/3/00 |
| 4     | 4     | 4        | 6/3/00 |
| 5     | 5     | 5        | 6/3/00 |
| 6     | 6     | 6        | 6/3/00 |
| 7     | 7     | 7        | 6/3/00 |
| 8     | 8     | 8        | 6/3/00 |
| 9     | 9     | 9        | 6/3/00 |
| 10    | 10    | 10       | 6/3/00 |
| 11    | 11    | 11       | 6/3/00 |
| 12    | 12    | 12       | 6/3/00 |
| 13    | 13    | 13       | 6/3/00 |
| 14    | 14    | 14       | 6/3/00 |
| 15    | 15    | 15       | 6/3/00 |
| 16    | 16    | 16       | 6/3/00 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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